



**NEVADA PUBLIC EMPLOYEES'  
DEFERRED COMPENSATION PROGRAM (NDC)**

**CHANGE OF NAME and/or ADDRESS**

**CHECK APPLICABLE BOX(S)**

*Please Print Clearly*

☐ **MassMutual**

☐ **ING**

☐ **NAME CHANGE**

Effective Date \_\_\_\_\_

Participant Name \_\_\_\_\_

New Name \_\_\_\_\_

Employee ID \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

☐ Copy of marriage certificate attached or

☐ Copy of Nevada drivers license attached

Daytime Telephone \_\_\_\_\_ Ext \_\_\_\_\_

☐ **CHANGE OF ADDRESS**

Effective Date \_\_\_\_\_

Participant Name \_\_\_\_\_

Old Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Telephone \_\_\_\_\_ ☐ Home ☐ Work ☐ Mobile

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***Please Fax Completed Form to NDC at (775) 684-3399***

***or contact NDC AT (775) 684-3397 or [deferredcomp@defcomp.nv.gov](mailto:deferredcomp@defcomp.nv.gov)***

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